

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

Serial No. **10034853**
Applicant(s)

Filing Date

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		/				51	1		/			
2				/			52			/			
3				/			53			/			
4				/			54			/			
5				/			55			/			
6				/			56			/			
7				/			57			/			
8				/			58			/			
9				/			59			/			
10				/			60			/			
11				/			61	1		/			
12				/			62			/			
13				/			63			/			
14				/			64			/			
15				/			65			/			
16				/			66			/			
17				/			67			/			
18				/			68			/			
19				/			69			/			
20				/			70			/			
21				/			71			/			
22				/			72			/			
23				/			73	1		/			
24				/			74			/			
25				/			75			/			
26				/			76			/			
27				/			77			/			
28				/			78			/			
29				/			79			/			
30				/			80			/			
31				/			81			/			
32				/			82			/			
33				/			83			/			
34	1		/				84			/			
35				/			85			/			
36				/			86			/			
37				/			87			/			
38				/			88			/			
39				/			89			/			
40				/			90			/			
41				/			91			/			
42				/			92			/			
43				/			93			/			
44				/			94			/			
45				/			95			/			
46				/			96			/			
47	1		/				97			/			
48				/			98			/			
49				/			99			/			
50				/			100			/			
TOTAL IND.	1						TOTAL IND.	6					
TOTAL DEP.							TOTAL DEP.	70					
TOTAL CLAIMS							TOTAL CLAIMS	76					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy